Application:
TRANSFER OF REGISTRATION

Full Name_____
LAST NAME FIRST NAME MIDDLE NAME OR INITIAL

Old Address_____City_____Ward_____

New Address_____City_____Ward_____
(Street, Route, Box#)

_____ Loc. Site_____

Current phone number (if any)_____S.S._____

Date of birth:
Month_____Day_____Year_____

Date of application:
Month_____Day_____Year_____

_____
ELECTION AUTHORITY

Signed:_____voter

Effective upon receipt of the election authority.

HENRY M. ADKINS & SON, INC. • CLINTON, MO. A-1534